

VACANT / ABANDONED / FORECLOSED PROPERTY REGISTRATION FORM

☐ New ☐ Update
☐ Renewal ☐ Deregistration

1. PROPERTY INFORMATION

Property Address: _____

☐ Vacant/Unoccupied ☐ Foreclosure (Vacant) ☐ Foreclosure (Occupied)
☐ Foreclosed (Vacant) ☐ Foreclosed (Occupied)

APN: _____

Date of Default (Date of Notice): _____

Property Inspection Date: _____

Date Building Became Vacant/Unoccupied: _____

2. PROPERTY OWNER INFORMATION

Name of Company/Legal Owner: _____

Address (Mailing Address): _____

City/State/Zip Code: _____

Phone Number: _____ Fax Number: _____ Email Address: _____

3. REGISTERED REPRESENTATIVE/AGENT

Name of Registered Representative/Agent: _____

Address (Mailing Address): _____

City/State/Zip Code: _____

Phone Number: _____ Fax Number: _____ Email Address: _____

4. PROPERTY MAINTENANCE COMPANY INFORMATION

Name of Maintenance Company: _____

Address (Mailing Address): _____

City/State/Zip Code: _____

Phone Number: _____ Fax Number: _____ Email Address: _____

Authorized Agent of: _____

Agent's Signature: _____

Date: _____

Make Checks Payable: City of Gallipolis
333 Third Ave., P.O. Box 339
Gallipolis, OH 45631
Code Enforcement / 740-441-6022

Office use Only:

Date of Receipt: _____

Receipt Number: _____ Cost: _____